

TEAMWORK AND SUCCESS IN DENTISTRY

by

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ABSTRACT

This thesis describes the nature of teamwork in successful dental offices. A review of the literature revealed that no research had been done in this area. The concept of teamwork was discussed in the literature of other health related fields, but was lacking in dentistry. This study therefore was done to begin filling this information gap.

The thesis incorporated a methodology that described how the members of four successful dental offices worked as a team. The offices were chosen by asking a group of periodontists to select those general practitioners in the area they thought were the best in terms of technical expertise, managing their staffs, and relating to their patients. The lists were compared and the four most frequently selected dentists were chosen. They were approached and all agreed to participate in the study.

The dentists and staffs completed the Team Review Questionnaire and participated in private interviews with the experimenter. Information was gathered regarding their perceptions of how the offices functioned as teams. Reports were then written describing the teamwork in each office. Copies of these reports were given to the dentists and staffs, and verified for their accuracy and completeness through a brief questionnaire. All of the dentists and staffs verified that the content of the reports accurately and completely reflected the teamwork in their offices.

The reports were compared, and similarities between the offices were sought. Thirty-nine similarities, or teamwork observations were made; falling into one of nineteen subject headings, each reflecting a different aspect of teamwork. Three judges read the observations and the reports, and verified that the observations accurately reflected the content of the reports. The verified observations were then written in hypotheses form.

This thesis provides a foundation for teamwork research in the dental profession. Its descriptive methodology was not intended to test variables, but to elicit and describe teamwork variables that were found to exist in four successful dental practices. Further research can now be done to determine how these variables relate to the success of dental offices.

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Chapter One

Introduction

Introduction

Organizational communication includes the study of diverse components of organizational life. One is the work team. "A team is a group of people each of whom possesses particular expertise; each of whom is responsible for making individual decisions; who together hold a common purpose, who meet together to communicate, collaborate, and consolidate knowledge, from which plans are made, actions determined, and future decisions influenced."¹

One organization that involves close working relationships between interdependent personnel is the dental office. The dental office is a system with unique interaction patterns among its members. It can include a variety of personnel including: receptionists, bookkeepers, chairside assistants, hygienists, lab technicians, and dentists. Although it is generally assumed that the office cannot function smoothly without all of the personnel working together, little research has been done on this or any of the other non-technical aspects of dentistry. Private consultants have done research on specific communication components such as: effective hiring practices of auxiliary personnel,² and future means of

¹Naomi I. Brill, Teamwork: Working Together in Human Services (Philadelphia: J.B. Lippincott, 1976), p. 22.

²Randall C. Sorenson, A Structured Interview for the Selection of Effective Dental Auxiliaries (n.p.: n.p., n.d.), pp. 8-9.

practicing dentistry.³ No research, however, has examined the general interaction patterns among dentists and their staffs.

Review of the Literature

An extensive search of Index Medicus revealed no research pertaining to personal relations within dental offices. When the search was expanded to include intraprofessional relations within other health related fields, the results were more substantial. The bulk of the research pertained to physician-nurse or physician-hospital administration relations. A recurring theme was that a multitude of factors are requiring medical personnel to work in a more cooperative fashion than they have in the past. "Scientific and technical pressures combined with social and economic pressures are forcing physicians and nurses to assume new roles," said Tom E. Nesbitt, M.D., president of the A.M.A. and a surgeon in private practice. "In today's 'whirlwind climate,' fraught with overspecialization of medicine and 'academization' by nursing, it has become absolutely imperative that we work together, because health care delivery is a team effort."⁴

These new roles have resulted in greater sharing of responsibilities and decision making. Traditionally, hospital administrators have concerned themselves with finances and viewed staff physicians as their subordinates. The physicians perceived the administration as imposing barricades to their performance of quality health

³Avrom I. King, Dentistry for Fun and Profit: The Nitty-Gritty of Whole Person Dentistry, Nexux, 1978.

⁴"Hospitals Headlines," Hospitals, 16 Dec. 1978, p. 17.

care.⁵ Increasing financial burdens and government intervention have begun forcing changes in these adversarial roles. By giving physicians greater fiscal responsibility and introducing serious teamwork efforts among administration and staff, cooperative interaction is being established.

Numerous articles have been published regarding the doctor-nurse relationship, with several referring to the doctor-nurse "game". "The game allows the nurse to share in medical decision making without seeming to, and without commitantly sharing in the responsibility for those decisions."⁶ With greater numbers of nurses receiving advanced health care instruction, as well as states certifying nurse-practitioners to diagnose and prescribe treatments, responsibility distinctions between physicians and nurses have become less exclusive. The result of this overlapping of responsibility and interdependence as stated by the A.M.A. is "...that the delivery of medical care is, by its nature, a team operation and constructive collaboration of medicine with the various elements of the nursing profession is essential."⁷

The practice of medicine as a "team operation" is not without its critics. They cite its inefficiency and other inherent problems,

⁵"Cooperation or Conflict: Physicians vs. Administrators," Hospitals, 16 July, 1979, pp. 72-73.

⁶Robert A. Hoedelman, "Nurse-Physician Relationships," American Journal of Nursing, 75, no. 7, (1975), 1150.

⁷Hubert A. Ritter, "Nurse-Physician Collaboration," Connecticut Medicine, 45, no. 1, (1981), 23.

however most agree that it is the direction medical care is taking. Although most of the literature focuses on doctor-nurse teams, some articles discuss the advantages of other health care teams working collaboratively as well. These include relationships between: social worker-nurse,⁸ physician-dentist,⁹ nurse practitioner-physician,¹⁰ and dentist-outside laboratory technician.¹¹ Most writers point out that medical practitioners will achieve greater success and provide better care if they work effectively as a team. This trend, combined with the absence of research on teamwork among dental office personnel, support the importance of doing this study.

⁸Jane Isaccs Lowe and Marjatta Herranen, "Conflict in Teamwork," Social Work in Health Care, 3, no. 3, (1978), 323-330.

⁹R. Tonkin, "An Interdisciplinary Approach to Dental Care," Canadian Journal of Public Health, 69, no. 2, (1978), 158-162.

¹⁰Marilyn Little, "Nurse Practitioner/Physician Relationships," American Journal of Nursing, 80, no. 9, (1980), 1642-1645.

¹¹Stephen H. Leeper, "Dentist and Laboratory: A 'Love-Hate' Relationship," Dental Clinics of North America, 23, no. 1, (1979), 87-98.

Chapter Two

Purpose and Methodology

Purpose

The purpose of this thesis is to describe the nature of teamwork in successful dental offices. Most dental offices are private practices, restricted to the dentist and his/her staff. The concept of "team" within dentistry could be broad enough to include laboratories and other offices in the community; however for the purposes of this thesis the team was restricted to the personnel within particular offices.

Definition of Terms

The concept of teamwork is broad, encompassing many variables. Its definitions vary; however all include such concepts as leadership style, organizational climate, conflict management, and so on. Francis and Young¹² define teamwork as the optimal functioning of the following variables.

1. Effective leadership: an effective team requires a leader that is flexible enough to meet the needs of the team.
2. Suitable team membership: the team must have the people with the necessary skills to perform what is required.
3. Team commitment: what members are willing to give the team; i.e. shared goals and personal warmth.
4. Team climate: the amalgamation of traditions, habits, relationships, practices, roles, benefits, and attitudes.

¹²Dave Francis and Don Young, Improving Work Groups: A Practical Manual for Team Building (San Diego: University Associates, 1979), pp. 62-118.

5. Relevant corporate role: the links with the wider organization; how it fits and contributes.
6. Team achievement: the clarity of team objectives and how they are attained: i.e. how the team manages failure, sets standards, rewards, and uses resources.
7. Effective work methods: use of team decision times; decision making, listening, and problem solving skills.
8. Team organization: individual role definition and the effect members have on the team.
9. Critiquing: methods of performance evaluation.
10. Individual development: isolating and developing individual strengths.
11. Creative capacity: how the team encourages and manages creativity.
12. Intergroup relations: how teams within the larger structure interrelate.

Francis and Young's definition of teamwork is broad enough to account for the variety of variables that affect team interaction, yet structured enough to define these variables and their interrelationships operationally.

Sample Selection

The dental offices were studied during the summer of 1982 in Colorado Springs, Colorado. Colorado Springs is a rapidly growing city of approximately 300,000. The city has had a rapid infusion of professional people during the past fifteen years. Thus, the dentists come from a variety of backgrounds and localities. The available sample is broad in terms of expertise, age, educational background, and values.

The offices were selected by asking the six practicing periodontists in Colorado Springs to rank the ten general practitioners in the area they thought were the best in terms of: technical expertise,

managing their staffs, and rapport with their patients.

Of the dental specialties, periodontists are best equipped to provide this information. Their practices are dependent on patient referrals from general practitioners. Thus, they are aware of the quality of care that patients receive and their satisfaction with the general practitioner. Furthermore, referring office staffs communicate regularly, giving periodontists information regarding staff satisfaction and management.

Five of the six periodontists provided lists of general practitioners, and explained the reasons for their choices. The most cited reasons included: outstanding technical talents, concern for patients, innovativeness, and continual education of themselves and their staffs in both technical and interpersonal skills.

Periodontists rely on different referral bases and there was some concern that the lists would show little similarity. As it turned out, however, one general practitioner was mentioned by four periodontists, while six general dentists were listed three times.

A total of four offices were studied. Four seemed sufficient for gathering the needed amount of information and could be managed within the allotted time restrictions. Dr. A's office was mentioned four times, therefore it was immediately selected, with the list of six other dentists being narrowed to three by using the criterion of maximum heterogeneity.

The selected dentists varied in age and years in practice. The oldest, Dr. L., was in his early fifties, and had been in private practice the shortest time of anyone in the group. He had spent twenty years in the Air Force and had been in private practice for four.

Other characteristics included teaching dental assistants at the community college, and being the only member of the group to practice on the south side of the city.

Dr. Y. was in his mid-thirties, establishing a practice in 1974. He was the youngest of the six, but had been in practice long enough to generate a reputation as an excellent dentist.

Dr. S. was in his mid-forties, and was the only native of Colorado Springs in the group. He had been practicing for fifteen years and had a reputation for technical excellence. It was also reported that he continually educated himself and his staff through consultants and conferences.

The four dentists selected varied in age and background but included some of the most highly regarded and successful general practitioners in the Colorado Springs area.

The selected dentists were approached, the purpose of the study was explained, and they were asked to participate. All four were interested. Two immediately agreed to participate. The others discussed the study with their staffs, then agreed.

Methodology

Describing the nature of teamwork in dental offices required a methodology that generated relevant information in a manner that permitted analysis. The method chosen for this thesis combined a written teamwork instrument with follow-up interviews. The questionnaire provided an overall assessment of the manner and quality of team functioning, while the interviews elicited more specific information. This methodology allowed the researcher to gather

quantities of information in a manner that was systematic and managable.

This was a heuristic and descriptive study; its intention being to describe interaction rather than hypothesize and verify the effects of particular variables. "If there is in fact something to be verified, it is likely that that entity can be expressed in the form of a specific hypothesis or question that lends itself to precise formulation."¹³ Due to the lack of research in this area, there were no specific entities that could be hypothesized. This enquiry therefore was intended to discover these entities.

A written questionnaire was needed that would cover the many facets of teamwork and could be completed relatively quickly. Successful dental offices are busy, with office personnel working in several operatories simultaneously. The completion time of the questionnaire therefore had to be brief. The purpose of the questionnaire was to provide general information that could be probed in interviews. A hand scored instrument therefore was deemed sufficient for this study.

A review of available written instruments revealed that most focus on a single variable in organizations. Six instruments, however, cover most of the organizational variables.

The Organizational Health Survey¹⁴ is an eighty item questionnaire covering eight variables. The administration time is brief and it can be hand scored in eight to twelve minutes.

¹³Egon G. Guba and Yvonna S. Lincoln, Effective Evaluation (San Francisco: Jossey-Bass, 1981), p. 65.

¹⁴J. William Pfeiffer, et al., Instrumentation in Human Relations Training, Second Edition (La Jolla: University Associates, 1976), pp. 237-238.

The Survey of Organizations¹⁵ is a 130 item instrument with an additional forty two supplemental items. It covers six variables as well as additional sub-categories. It requires one and a half hours to administer, and is machine scored by the Institute for Social Research at the University of Michigan.

The Organizational Diagnosis Questionnaire¹⁶ is a thirty five item instrument converging six variables. It is quickly administered and hand scored.

The Organizational Process Survey¹⁷ is a ten item questionnaire covering ten variables. The administration time is brief and results can be easily analyzed.

The Team Review Questionnaire¹⁸ is a 108 item instrument that covers twelve variables. It can be administered in twenty minutes and is hand scored.

The Organizational Climate Questionnaire¹⁹ is a fifty item instrument generating information about nine variables. It can be quickly administered and is hand scored.

¹⁵Group and Organizational Studies, 2, no. 3, (1977), 379-381.

¹⁶J. William Pfeiffer and John E. Jones, 1980 Handbook for Group Facilitators (La Jolla: University Associates, 1980), pp. 113-120.

¹⁷J. William Pfeiffer and John E. Jones, 1981 Handbook for Group Facilitators (La Jolla: University Associates, 1981), pp. 92-93.

¹⁸Francis and Young, pp. 41-50.

¹⁹Pfeiffer, et al., pp. 250-251.

Of the six surveys, the most comprehensive are the Team Review Questionnaire and the Survey of Organizations. They are the most sophisticated, covering the most information in the greatest detail. All of the instruments cover leadership, roles and responsibilities, usage of resources, and team standards. Some variables such as conflict management, motivation, communication satisfaction, creativity, and climate are found in the Organizational Diagnosis Questionnaire, the Organizational Process Survey, the Organization Health Survey, and the Organization Climate Questionnaire, but can only be found in totality in the Team Review Questionnaire and Survey of Organizations. Furthermore, these two instruments contain more items than the others, hence obtain more information regarding the functioning of teams in regard to specific variables.

The administration time of the Survey of Organizations is significantly longer than the Team Review Questionnaire, placing an unreasonable time demand on the participants. Furthermore it requires mailing questionnaire results to Michigan for scoring; negating its intended purpose of providing a rapid and general overview of the office. The Team Review Questionnaire proved to be the most appropriate instrument for this study.

Pilot Study

A pilot study was run prior to the major study. The purpose of the pilot was threefold: 1) to determine the existence of technical problems in the questionnaire and interviews. 2) to discover whether the methodology provided the necessary information and 3) to practice the procedures.

The questionnaire asked that participants either agree or disagree with descriptive statements regarding the office. Individuals in the pilot office found it difficult to make clear distinctions between some of the statements; reporting that they referred to one or two members of the team or to situations that only occurred sporadically. Participants were asked to place question marks next to such statements and were asked to clarify their responses in the interviews. Otherwise, questionnaires were understood and completed without difficulties.

The pilot interviews were scheduled a week in advance; allowing for uninterrupted time with each of the subjects. Interviews were kept to a thirty to forty-five minute time frame. The questionnaire provided general information regarding the creative potential of the office, but the original interview guide did not probe this specific area. A question regarding offices' creativity and their responses was therefore added to the interview guide.

The pilot provided an opportunity to use the methodology, explain procedures to the staff, administer the questionnaire manage logistical problems, and refine interviewing skills. Furthermore, a report was written describing the teamwork in the office and was verified by the dentist and staff as accurate and complete. The results in the pilot were similar to those found in the main study, however, due to the question regarding creativity being added after the pilot, and a more systematic reporting method being developed as a result of the pilot, it was decided not to include the results in the main study. The copy of the report describing the pilot office's teamwork can be found in the Appendix.

Research Procedure

The Team Review Questionnaire was given to the dentists and staffs, and a day was designated for completing them. The questionnaires were scored and tabulated in order to determine the staffs' and dentists' perceptions of their teamwork. The answer sheet consisted of twelve vertical columns of nine boxes each. X's were placed in appropriate boxes, and scoring was done by adding the marked squares in each vertical column. Scores of zero through nine were obtained for each of the variables, with lower scores signifying better performance. Results were averaged for a team score. These scores supplied general information regarding office performance in each of the twelve variables. (Refer to sample in the Appendix)

Individual questionnaire responses were examined to discover specific perceptions regarding office functioning. Information derived from overall scores and questionnaire examinations were noted on the interview guide for probing.

The interviews were scheduled when the questionnaires were collected. Two interviews were interrupted and had to be resumed later in the day, however all of the other interviews were completed as scheduled.

An interview guide should be based on a purpose and agenda.²⁰ The purpose of the interview guide in this study was to elicit a description of the teamwork in the selected dental offices. The agenda was the list of questions this study was intended to answer,

²⁰Cal W. Downs, et al., Professional Interviewing (New York: Harper and Row, 1980), p. 39.

and the questionnaire results. The interview guide included twenty one questions with varying numbers of supplemental probes. It took thirty to forty five minutes to complete. The interviews allowed the researcher to probe for clarification and specifics, therefore providing the bulk of information in this study.

The interview was intended to clarify and specify information elicited in the questionnaire as well as answer the following questions:

1. Who communicates with whom? How? When?
2. How are staff rewards determined?
3. How are the rules and procedures that guide the staff's work established? By whom?
4. What are the best things about the office?
5. What are the worst things about the office?
6. What are the hiring procedures?
7. How committed to the success of the office are the staff?
8. How are conflicts managed?
9. How do the dentist and staff respond when someone is having a personal crisis?
10. How does the dentist view the role and importance of office personnel?
11. What is the perceived quality of communication in the office? Are there any taboo topics?
12. What are the standard operating procedures for managing patients?
13. Do office personnel discuss patients? What is talked about?
14. Do office personnel trust the expertise and reliability of the dentist and staff?

This list of questions was based on years of exposure to dental offices as well as a literature survey of factors that are generally regarded as influencing organizational communication.

The interviewer began the interviews by explaining their purpose and promising confidentiality. The interviewer initially asked general questions about the work staff members did, how long they had been employed, and so on. The questions gradually became more specific, focusing on hiring procedures, decision making responsibilities, and other aspects of the office teamwork. Office members were often initially nervous, but relaxed as the interviews continued.

Interview results were examined and a description was written of the interaction in each office. Reports were written in a narrative style in order to be understood by the office personnel. The reports followed an identical outline of order so that they could be more systematically analyzed. Reports were written in the following format:

- A. Patient Treatment
- B. Information Sharing Regarding Patients
- C. Staff Responsibility
- D. Leadership Style of the Dentist
- E. Suggestion and Opinion Giving
- F. Performance of the Office
- G. Staff Motivation
- H. Trust
- I. Staff Support
- J. Conflict Management
- K. Hiring Procedures
- L. Training
- M. Office Meetings
- N. Evaluation Procedures

O. Interoffice Relations

P. Best Aspects of the Office

Q. Worst Aspects of the Office

The reports covered how much the offices were both similar and different, and attempted to describe the team's perception of their offices in as accurate a manner as possible.

The validity of these descriptions were assessed with a three item questionnaire attached to each report. It stated: 1) This description to the office is accurate and complete. 2) This description of the office omits... 3) This description of the office is accurate and complete except for... Office personnel were instructed to check one of the three responses. If they checked numbers two or three, they were asked to explain what was omitted or what they took exception to. This questionnaire was used to determine how accurately the reports represented the subjects' perceptions of the teamwork in the offices.

Reports were given to each office member, and a day scheduled to collect the "validity" measures. The questionnaires verified the completeness and accuracy of the reports. Of the personnel in the four offices, all but two believed that the reports were accurate and complete. The two that took exception to parts of the reports were questioned by the interviewer. It was agreed that the differences were based on semantics and not content. All of the reports were therefore verified by the office personnel.

The reports were analyzed in order to identify the similarities among the offices. Nineteen aspects of team interaction were identified, each with varying numbers of specific observations. These observations included aspects of the offices that were found

in at least three of the four studied. A list of teamwork observations was made and given to three judges for verification. The judges were graduate students, two from Communication Studies and the other from History, who agreed to verify the reports. The judges were asked to read the reports and teamwork observations and rate each of the observations as follows: 1) This statement accurately reflects what is in the reports. 2) This statements should be modified to more accurately reflect what is in the reports. 3) This statement does not reflect what is in the reports. Judges were asked to list any consistent observations found in the reports that the experimenter had overlooked.

There were thirty-nine statement observations. One of the judges reported that all but one of the statements accurately reflected the content of the reports. Another reported that all but six did, while the other judge reported that all but seventeen reflected the reports' content. Of the thirty-nine statements, none were reported as not reflecting the reports at all. When the judges perceptions were compared, only three of the statements were rated as needing modification by more than one judge.

All of the observations, reports, and judges comments were read by the experimenter. Six of the statements were modified to more accurately reflect the content of the reports. The remainder involved an oversight by the judges and were not changed.

Chapter Three

Results

The results of this study were obtained from two sources: the Team Review Questionnaire and the interviews. Individual questionnaire results were averaged, and an office mean score was determined for each of the twelve variables. Furthermore, these means were averaged and rank-ordered to determine how they compared with one another. This information can be found in figure one on the next page. The potential scores range from zero to nine, with lower scores signifying better team performance.

All of the offices scored high in all twelve variables. When the means were averaged, scores fell between .5 and 3.0. The strongest scores (1.0 and lower) were those which reflected team commitment, the achievement orientation of the office staffs, their ability to make and implement creative suggestions, the emphasis placed on communicating with other offices, and the perception of the value of their offices to the dental community. The lowest scores dealt with the effectiveness of office meetings, the management of conflicts, and the ability to critique office staff and procedures.

The information obtained from the questionnaires were expanded and clarified through the interviews. A list of thirty-nine observations was derived from this process. These observations fell under nineteen general headings. For the purposes of reporting they were consolidated to seventeen headings, each representing an aspect of specific observations that were made in at least three of the

Figure 1: Team Review Questionnaire Results

	Dr.A	Dr.L	Dr.S	Dr.Y	Mean	Rank	Variables
I	.5	1.0	2.5	1.0	1.5	6	Inappropriate Leadership
II	2.0	1.0	4.0	1.0	2.0	8	Unqualified Membership
III	2.0	0	2.0	0	1.0	5	Insufficient Group Commitment
IV	3.5	3.5	3.5	2.0	3.0	11	Unconstructive Climate
V	1.0	.5	.5	.5	1.0	2	Low Achievement Orientation
VI	.5	0	.5	.5	.5	1	Undeveloped Professional Role
VII	2.0	4.0	2.0	2.0	2.5	10	Ineffective Work Methods
VIII	3.0	1.5	2.0	2.0	2.0	9	Inadequate Team Organization
IX	4.5	2.0	3.5	3.0	3.0	12	Soft Critiquing
X	3.0	1.0	1.5	1.0	1.5	7	Stunted Individual Development
XI	1.0	0	1.0	.5	1.0	3	Lack of Creative Capacity
XII	.5	0	2.0	.5	1.0	4	Negative Inter-professional Relations

This table illustrates the means of dentists and staff responses within each variable. The separate offices were averaged to produce the scores in the mean column, and rank ordered from one through twelve. The potential scores range from zero through nine, with lower scores signifying better team performance.

four offices studied.

Patient Treatment

The first set of observations fell under this heading. In all of the offices studied, the hygienist examined patients on their first routine (non-emergency) visit. This appointment included a cleaning, exam, and radiographs if necessary. One dentist used to see patients for a brief exam and consultation on their visit, and the hygienist was scheduled for the second appointment. Patients disliked this procedure however, perceiving the first visit as "nothing being done." Therefore he changed the procedure so that patients now see the hygienist on the first visit.

In all of the offices studied, the staff conversed with patients about their interests, occupations, and personal lives in order to build rapport. This was viewed as important to building personable relationships with patients. These staffs valued the development of relationships with patients that were warmer and more personable than a business-like doctor/patient relationship.

In all of the offices studied, the dentist acquainted himself with patients on their first routine visit. All of the dentists managed this introduction differently, but all met patients on their first appointment. Two of the dentists briefly introduced themselves. Another discussed the office philosophy and the patient's attitudes toward his/her health, while another gave a brief consultation, describing the condition of the patient's mouth and any recommended treatment.

Information Sharing Regarding Patients

In all of the offices studied, the dentist and staff discussed patients' oral health. They discussed patients' improvements or deterioration from previous visits. Other office members, therefore, knew what to look for and/or discuss with patients when they saw them.

In three of the offices studied, staffs discussed patients' general health. The condition of patients' general health may reflect their attitudes toward taking care of themselves. This information was useful for predicting the success of home maintenance, patients' feelings about corrective procedures, and so on. Furthermore, allergies to medication and dangerous health conditions could be considered when prescribing treatment and medication.

In all of the offices studied, the dentist and staff noted patients' mood states and reported them, particularly if they appeared anxious or scared. The staff members who made initial contact with patients informed the dentist and other staff members verbally regarding how they should behave with particular patients. In three of the offices the dentist and staff discussed how to behave around particular patients in order to relax them and maximize rapport. Staff might discuss how a patient likes to joke while another prefers serious conversation. One hygienist passed information regarding patients' children, recent trips, a new job, and so on so that other staff and the dentist could ask about it.

Staff Responsibility

In all of the offices studied, the staff reported having independent decision-making power and control within their work areas.

This was common to all the offices and was consistently reported by staff as being one of the best aspects of their jobs. Staff felt responsible for their work areas. They established many of the procedures and were free to make changes.

Leadership Style of the Dentist

This fourth interaction variable is closely related to the third. In all of the offices studied, the staff acquired decision making responsibilities and control from the dentist as they demonstrated competence. New staff members were supervised closely and given little independent decision making power. As they developed they were allowed to make more decisions.

The offices varied somewhat in how much independent the staff was given. One office used "expanded function" personnel. These are chairside assistants that have been trained in procedures traditionally reserved for the dentist. The expanded functions had their own operatories and were assigned patients. Two dentists said in the interviews that they hire staff that are intelligent and motivated enough to work with little supervision. One dentist had delegated little responsibility, however he and his staff reported that he was doing more, with the expectation that most decisions will ultimately be made by the team.

Suggestion and Opinion Giving

In all of the offices studied the dentist and staff offered and implemented creative suggestions. These offices were open to change and demonstrated a willingness to experiment with new procedures.

One office was the first in the region to install a computer to manage scheduling, billing, insurance, filing, and so on. Another staff was consistently attending courses and seminars, learning new procedures.

Not all of the staff members suggested new ideas. The more assertive members were reported to suggest freely, while the quieter members were more reticent.

One dentist reported that the staff sometimes resisted new procedures after they had been discussed and implemented. He attributed this to the staff being more comfortable with the old methods.

Performance of the Office

When the dentists and staffs were asked to rate the overall performance of their offices on a scale of one to ten, all responded between a 7.5 and 10.

One reason for these high scores was the high technical skills of the dentist and staff. This was a source of pride for all the offices--that the dentist and staff in each office were expertly trained and in turn provided the highest quality dentistry.

All offices reported that when a staff member was unable to fulfill responsibilities as effectively as usual due to patient overload or stress, another staff member would assist or cover. The knowledge that staff could rely on others for support was common to all the offices. In one office where a personal conflict had divided the staff, all reported that they could still rely on each other for support.

All of the offices geared their philosophies toward the well-being, comfort, and satisfaction of their patients. These offices built personal relationships with their patients, attempted to motivate them, provided them with good care, and listened to their feedback regarding procedures, the office, and their health needs.

Staff Motivation

The dentist and staff were asked whether office personnel would be willing to work evenings or weekends. All of the respondents answered that they would with four saying that they already did. Further probing revealed that all of the staff in all of the offices were motivated to work hard to guarantee the success of the practice.

Trust

All of the offices reported that they trusted the expertise and reliability of the dentist and staff. Reasons included the quality of care and support provided by the office staff.

Staff Support

All offices reported that the dentist and staff listen, counsel, and assist with the work of those who are managing outside difficulties. All of the interviewees could cite examples of when a staff member had received support due to emotional hardships. Furthermore, they all felt confident that they would receive support in similar circumstances.

Conflict Management

In three of the offices studied, conflicts that developed around technical or procedural differences were discussed by the participants and/or team and settled immediately. In these same offices, conflicts that developed regarding personal issues were typically not discussed between the parties involved. Instead they discussed the problems with friends on the staff. In one office, attempts were made to mediate the differences between two staff members, but that did not resolve the issues. As a result staff members did not discuss those issues for fear of creating tension and/or hurting feelings. The other two offices avoided their on-going conflicts for the same reasons. One chairside assistant from one of these two offices reported that conditions in the office were too good to risk upsetting by confronting personal differences.

In the other office, the dentist insisted that conflicts be managed between the participants immediately. He would mediate if the participants requested his involvement.

Hiring Procedure

The hiring procedures varied between offices. One dentist was on the faculty of the chairside assistant program at the local community college; therefore, as his practice expanded he offered positions to his better students. His receptionist was his wife, and his hygienist was recommended by a dentist in the community. The other dentists did not have these conditions therefore used more traditional hiring procedures.

In three of the offices, newspaper ads were used to publicize position openings. These office staffs also passed information regarding job vacancies throughout the dental community. They informed dental colleagues and their receptionists, asking that they refer promising individuals searching for a position to their offices.

In these three offices the receptionist screened applicants. This involved a brief interview, and in one office, a skills exam. Applicants the receptionist believed had the necessary skills and compatibility with the rest of the staff were sent to the dentist.

In all of the offices, the dentist interviewed applicants. The importance of this interview varied between offices. One dentist used this interview as the final selection indicator while the other three had the staff interview the applicants, and involved them in the final decision. Some staff members from the office where staff did not interview said that they would have appreciated being more involved in the interview process. This was noted in the report, and the dentist changed the procedure to allow for staff input. One office was considering discontinuing the procedure for undisclosed reasons.

In all of the offices the dentist and staff believed that their hiring procedures provided the best personnel for the office. Three offices reported that mistakes in judgment were made, but attributed this to some people being more effective interviewers than they were workers.

Training

In all of the offices, new employees were trained by the dentist and an employee familiar with the area. The structure of the training

procedure varied between offices. In one office the dentist did the majority of instruction while in another it was the assigned staff member. One office provided a systematic procedure for training, while another expected the new employee to explore and learn relatively independently. In all of the offices, new staff acquired responsibilities as they demonstrated proficiency.

Office Meetings

The office staffs had mixed perceptions regarding the quality and usefulness of office meetings. Some staff groups perceived meetings to be valuable while others questioned their usefulness. All of the offices reported however that the more effective meetings had a formal agenda and the participation of all members of the office. More was accomplished and a more complete perspective obtained when meetings were structured and had total participation.

Three of the offices believed that the meetings were necessary for facilitating intra-office harmony, and discussing office issues and patients. The practices were so busy that these meetings were the only times that the office staffs' could meet in their entirety.

Evaluation Procedure

The experimenter initially reported that the offices had no consistent method of performance evaluation. One of the judges however reported that while the procedures differed, all of them had a method for supplying positive and negative feedback to employees. In two of the offices, a formal evaluation was scheduled during the year, while the other two supplied feedback whenever it was deemed

necessary. In all four offices the staff were satisfied with the procedure.

Interoffice Relations

All of the offices believed that communicating with dental specialists (periodontists, oral surgeons, endodontists, etc.) regarding the status of their referral patients was important; and took steps to do so through letters, phone-calls, and occasional personal visits.

Three of the offices believed that visiting other offices to share technical and office procedures was educational and improved the functioning of the practices. One staff invited dentists, receptionists, and office managers to observe their computer and dental software program.

Best Aspects of the Offices

All of the interviewees were asked what the best aspects of their offices were. The following are the responses that were consistently reported in at least three offices.

All reported the technical skill of the dentist and staff. All reported the support among office staff, while three mentioned the personal relationships among staff members. All offices reported the emphasis placed by the dentist and staff on supplying the finest care possible to patients; both in technical care and in personal concern shown for their feelings, concerns, and health.

Worst Aspects of the Offices

All of the offices had criticisms of specific functions, procedures, and individuals; however none were consistent between the offices.

Chapter Four

Discussion

Summary of the Study

The purpose of this study was to describe the teamwork in successful dental offices. The study involved the examination of four successful dental practices in Colorado Springs. The practices were selected by asking the periodontists in the area to select the general practitioners they thought were the best in terms of: technical expertise, managing their staffs, and rapport with their patients. Their lists were compared and the four most commonly selected names were chosen.

The dentists all agreed to participate in the study. The methodology required the dentists and their staffs to fill out the Team Review Questionnaire, a 108 item instrument designed by Francis and Young for evaluating teamwork. The questionnaires were used to discover general perceptions regarding office functioning. This information was noted and probed in the interviews that followed.

A comprehensive interview guide based on the questions this study was attempting to answer, as well as Francis and Young's teamwork variables was designed. It was composed of twenty questions and numerous probes. The interviews sought specific information regarding the office teamwork, and were paced by the interviewer to last between thirty and forty five minutes.

Interview results were compiled and reports written describing the functioning of the offices. These reports were given to the dentists and staffs, and they were asked to read and verify their

accuracy. This verification procedure required answering a short questionnaire at the end of the report. It asked the readers to check whether: 1) this description of the office is accurate and complete. 2) this description of the office omits.... 3) this description of the office is accurate and complete except for.... Participants were asked to describe exceptions and omissions if they checked those responses. These were discussed and clarified with those individuals.

The verified reports were analyzed, and a list of teamwork observations was composed of all those characteristics found in at least three of the four offices. This list of observations was then verified by three graduate student judges as accurately reflecting the information found in the reports.

Summary of the Results

The results were consolidated into six major themes. They capture the essential observations made in this study.

Patient treatment was a recurring theme in each office with each of them gearing their practices to the satisfaction of the patients. The dentist and staff spent time with patients developing personal relationships, explaining procedures, and instructing them in oral health care. They expressed a concern for the feelings and comfort of the patients, and sought their feedback regarding the office. The concern for patients was common to all of the offices studied and there appeared to be a significant amount of energy directed toward this.

The technical excellence of the dentist and staff was a source of pride in the offices. Each of the offices believed that they provided the highest quality general dentistry available. The technical skills of the dentist were cited as a reason for this, as well as the experience, training, and hard work of the staff. The motivation and cohesiveness of the teams centered in part around the high quality of service provided. The dentists and staffs were proud of their technical skills and found a source of cohesiveness and motivation knowing that they were so outstanding.

The management styles of the dentists were similar across offices. The dentist delegated much of the responsibility to the staffs, giving them a great deal of autonomous decision making power within their work areas. Staff members who had worked for other dentists reported that this practice was not evident in the other offices where they had worked. Staffs reported that this was an important reason for their high job satisfaction and motivation.

The staffs in all the offices reported being self sufficient as a result of the delegation of responsibility. Furthermore, they supported each other by filling in, taking on others' work, and so on. Support was also available when staff members were faced with outside emotional difficulties, thus unable to meet their normal workload. The staffs were willing to take responsibility and to support one another. These efforts led staff members to believe that they made a difference to each other, as well as having an impact on the success of the practice.

The dentists and staffs in the offices reported that the quality of communication was in need of improvement. It was not learned

specifically what aspects of communication were or were not in need of improvement, but office meetings, conflict management, and interoffice relations were discussed.

The usefulness and quality of office meetings received mixed evaluations from all of the offices. It was generally reported that they were necessary and useful, but often were unorganized and lacked involvement. It appeared that they were needed for discussing issues, patients, and reconnecting with other members of the staff. These offices were busy and these meetings were often the only time the whole office spent together. A formal agenda and total participation, however, seemed required to make the time spent together worthwhile and valuable.

Personal conflicts in three of the offices were managed by avoiding them. Staff members were unwilling to risk upsetting the positive aspects of the office climate by confronting personal differences. These offices operated successfully without these issues being discussed, however they were so openly talked about with the interviewer that one questioned how long they could be ignored.

In the other office, as well as in the pilot study office, conflicts were discussed openly, due to the insistence of the dentists. They encouraged staff to discuss their differences, and were willing to act as mediators. This practice, according to the interviewees, was effective in managing conflicts. It is difficult to tell which style of conflict management was the more effective. This question is worthy of further investigation.

The offices maintained contact with dental specialists that were seeing their referral patients. Through letters, phone calls, and visits, they kept informed about procedures and their patients progress. Some of the offices believed that personal visits between offices facilitated learning, referrals, and good will. One office believed that this was unnecessary. Most interestingly, in the pilot study, all of the staff believed that interoffice socializing was important, but the dentist viewed it as unnecessary. The general consensus however was that a level of interoffice communication was important for referrals and passing information regarding patients.

All of the offices were willing, even eager, to participate in this study. Although they were very busy, all of the offices were cooperative in scheduling times for interviews and in making time to fill out the questionnaires. The dentists were receptive to talking about their offices and dentistry in general. Furthermore, the staffs were cooperative about answering questions.

The dentists and staffs were interested in what the study would reveal about their team functioning. This was consistent with their openness to innovation and education. All of the offices reported being open to creative suggestions and to implementing them. They attended courses regularly, hired consultants, made changes in office procedures, and so on. Their general attitude was openness to improvement through learning and innovation. Their receptivity to this study reflected this attitude.

Limitations of the Study

The study did provide the information it sought, however, it had certain limitations. Its reliance on self-report measures was a disadvantage due to the inherent bias in the information provided by this method. The use of two instruments, written questionnaires and interviews, was intended to overcome some of this bias by providing a basis of comparison. Some respondents for instance, felt more comfortable being critical on paper. Their responses were probed in the interviews where they may have been more reticent about discussing their complaints.

Some questions were not probed adequately due to time limitations and a lack of awareness of the need to do so. During the analysis of the results it became apparent that some of the questions needed more probing. One question asked about the level of communication satisfaction. While analyzing the data, the experimenter discovered that the reasons behind the stated levels of satisfaction were needed to interpret the various responses; but they had not been probed. The information therefore was not very meaningful. In further studies of this nature longer interviews will be required in order to allow for adequately probing, thus providing more of the necessary information.

The pilot study did provide the experience of using the methodology and made the procedures in the other offices more effective. The experimenter did however, learn more about the methodology and the skills it required as he progressed through the main study. The reports improved in content, style, and became more systematic after two were written. Interviews were better as the experimenter became

more familiar with the interview guide and probed responses more thoroughly. An identical study, if run again, is likely to provide the same information, but in more detail, and be presented more systematically in the reports due to the experience of the experimenter.

Summary of the Study

The purpose of the study was to describe teamwork in successful dental offices. It was a heuristic study, with its intention being to provide information that could be hypothesized and tested through more empirical methods. The following is a list of hypotheses that was generated from the results of this study. "Success" in these hypotheses is measured as it was in this study: a combination of technical proficiency, good management of staff, and good rapport with patients as measured by knowledgeable members of the dental community. The term "relates to" is a supposition that there exists a positive relationship.

Hygienists as well as dentists examining patients on their first routine visit is a factor that relates to success in dentistry.

The talking with patients about their personal lives and interests by staff relates to success in dentistry.

The expressed concern for patients comfort and health by the dentist and staff relates to success in dentistry.

Inviting feedback from patients by the dentist and staff regarding office procedures, management, and personnel relates to success in dentistry.

The dentist acquainting himself/herself with patients on their first routine visit relates to success in dentistry.

Discussion of patients oral health among the dentist and staff relates to success in dentistry.

Discussion of patients general health among the dentist and staff relates to success in dentistry.

The observation and verbal reporting among the dentist and staff of patients mood states relates to success in dentistry.

The discussion of how to behave around specific patients in order to relax them and maximize rapport relates to success in dentistry.

Staff autonomy regarding decision making and responsibility in their work areas relates to success in dentistry.

The delegation of responsibility to staff by the dentist relates to success in dentistry.

The participation in suggestion giving and implementation by staff relates to success in dentistry.

Excellent technical skills of the staff as reported by the dentist and staff relates to success in dentistry.

Excellent technical skills of the dentist as reported by the dentist and staff relates to success in dentistry.

Staff members taking over for another's duties when he/she is overwhelmed by work pressures or emotional difficulties relates to success in dentistry.

Staff being highly motivated toward the success of the practice relates to success in dentistry.

A high degree of trust in the expertise and reliability of the dentist and staff by the dentist and staff relates to success in dentistry.

The immediate discussion of conflicts regarding technical or procedural issues by the dentist and staff relates to success in dentistry.

Staff members and the dentist avoiding the discussion of personal conflicts with the person(s) involved relates to success in dentistry.

The insistence by the dentist that personal conflicts between office members be discussed by the participants relates to success in dentistry.

The use of newspaper ads to publicize position vacancies relates to success in dentistry.

The passing of information regarding position openings throughout the dental community relates to success in dentistry.

The use of the receptionist to do preliminary screening of job applications relates to success in dentistry.

The interviewing of job applicants by the dentist relates to success in dentistry.

The interviewing of job applicants by staff, and their input into the final decision relates to success in dentistry.

The training of new employees by the dentist and an employee familiar with the job relates to success in dentistry.

The acquiring of responsibility by new staff as they demonstrate proficiency relates to success in dentistry.

The use of office meetings for discussing patients, procedures, and staff concerns relates to success in dentistry.

The perception that office meetings are necessary for adequate communication by office members relates to success in dentistry.

Office meetings that have total participation are measured by office members as being more successful than those that do not.

The consistent supplying of positive and negative feedback by the dentist to office personnel relates to success in dentistry.

The communication with dental specialists through letters, phone calls, and visits regarding the status of referral patients relates to success in dentistry.

The visiting of other dental offices by the dentist and staff relates to the success in dentistry.

These hypotheses could be tested through a variety of methods and with a variety of subjects. Data could be gathered not only from office members, but patients, and other dentists in the community as well--or a combination of these groups.

The results of the studies of these hypotheses would be valuable to the profession of dentistry. Dentistry is becoming a highly competitive profession due to the large numbers of dental graduates and an increased level of oral health care in the United States. Dentists are seeking ways to increase productivity, salesmanship,

patient satisfaction, and staff satisfaction. The field of communication studies can assist in providing this information. This study is an introductory step in that process. It provides a description of teamwork variables that were found to exist in four successful dental offices, and a list of hypotheses that can be tested to determine whether these variables are related to dental success. Future efforts should be made to determine the impact of these factors on success in dentistry. The profession of dentistry, the communication studies discipline, and the general public would benefit from those efforts.

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APPENDIX A
TEAM REVIEW QUESTIONNAIRE
AND RESULTS

THE TEAM-REVIEW QUESTIONNAIRE

Part 1

Write in the following spaces the information requested.

Office _____ Date _____

Name _____ Position _____

Part 2

You will find 108 statements listed below. Think about each statement in relation to your office. Use the Team-Review Questionnaire answer sheet to respond to the statements. If you feel that a statement is broadly true, mark an X on the appropriate number in the answer sheet grid. If you feel that a statement is not broadly true, leave that number blank.

Work carefully through the questionnaire, answering each question. There may be times when you find it difficult to answer a particular question, but come to the best answer you can. It might be useful to note in the margin the numbers of these difficult questions.

Remember that the quality of the result is directly related to your own openness when answering the questions. This is not meant to be a scientific survey, but it serves as a tool to provoke thought and discussion.

1. The dentist and staff spend little time in clarifying what they expect and need from one another.
2. The work of the office would improve if members upgraded their technical qualifications.
3. Most of the members feel that the aims of the office are hardly worthwhile.
4. People in this office often are not really frank and open with each other.
5. The objectives of our office are not really clear.
6. Office members are unsure about the office's contribution to the wider profession.
7. We rarely achieve much progress in office meetings.
8. The objectives of some individual office members do not gel with those of other members.
9. When office members are criticized, they often feel that they have lost face.

10. New members often are just left to find their own place in the office.
11. Not many new ideas are generated by the team.
12. Conflicts between our office and other offices are quite common.
13. The dentist rarely tolerates leadership efforts by other members.
14. Some office members are unable to handle the current requirements of their work.
15. Office members are not really committed to the success of the team.
16. In group discussion, office members often hide their real motives.
17. In practice, the office members rarely achieve their objectives.
18. Our office's contribution is not clearly understood by other parts or members of the profession.
19. When the office is having a meeting, we do not listen to each other.
20. Office members are uncertain about their individual roles in relation to the team.
21. Members often restrain their critical remarks to avoid "rocking the boat."
22. The potential of some office members is not being developed.
23. Office members are wary about suggesting new ideas.
24. Our office does not have constructive relationships with some of the other offices within the community.
25. Staff personnel are uncertain where they stand with the dentist.
26. Our mix of skills are inappropriate to the work we are doing.
27. I do not feel a strong sense of belonging to the team.
28. It would be helpful if the office could have "clear the air" sessions more often.
29. In practice, low levels of achievement are accepted.
30. If the office were closed, the profession (community wide) would not feel the loss.
31. Office meetings often seem to lack a methodical approach.

32. There is no regular review of individual objectives and priorities.
33. The team is not good at learning from its mistakes.
34. Office members tend not to show initiative in keeping up-to-date or in developing themselves.
35. We have a reputation of being stick-in-the-muds.
36. The office does not respond sufficiently to the needs of other offices in the community.
37. The dentist gets little information about how the staff sees his performance.
38. People outside the office consider us as unqualified to meet work requirements.
39. I am not prepared to put myself out for the office.
40. Important issues often are "swept under the carpet" and not worked through.
41. Individuals are given few incentives to stretch themselves.
42. There is confusion between the work of this office and the work of other offices.
43. Office members rarely plan or prepare for meetings.
44. If office members are missing, their work just does not get done.
45. Attempts to review events critically are seen as negative and harmful.
46. Little time and effort is spent on individual development and training.
47. This team seldom innovates anything.
48. We do not actively seek to develop our working relationships with other offices.
49. The office would get better quality decisions if the members took the initiative.
50. The team's total level of ability is too low.
51. Some office members find it difficult to commit themselves to doing the job well.
52. There is too much stress placed on conformity.
53. Energy is absorbed in unproductive ways and does not go into getting results.

54. The role of our office is not clearly identified within the profession.
55. The team does not set aside time to consider and review how it tackles problems.
56. Much improvement is needed in communication between office members.
57. We would benefit from an impartial assessment of how we work.
58. Most office members have been trained only in their technical discipline.
59. Good ideas seem to get lost.
60. Some significant mistakes would have been avoided if we had better communication with other offices.
61. The dentist often makes decisions without talking them through with the staff.
62. We need an input of new knowledge and skills to make the team complete.
63. I wish I could feel more motivated by working in this office.
64. Differences between office members rarely are properly worked through.
65. No time is devoted to questioning whether our efforts have been worthwhile.
66. We do not have an adequate way to establish our office's objectives and strategy.
67. We often seem to get bogged down when a difficult problem is being discussed in office meetings.
68. The office does not have adequate administrative resources and procedures.
69. We lack the skills to review our effectiveness constructively.
70. The office does not take steps to develop its members.
71. New ideas from outside the office seldom are accepted.
72. In this community, offices tend to compete rather than collaborate.
73. The dentist does not adapt his style to changing circumstances.

74. New people coming into the office sometimes lack the necessary qualifications.
75. No one is trying hard to make this a successful office.
76. Individuals in this office do not really get to know each other as people.
77. We seem more concerned about giving a good appearance than achieving results.
78. The profession does not use the vision and skills that the team has to offer.
79. We have office meetings, but do not properly examine their purpose.
80. We function in rather a rigid manner and are not sufficiently flexible in using team resources.
81. Performance would improve if constructive criticism were encouraged.
82. Individuals who are passive or uncertain often are overridden.
83. It would be fair to say that the team has little vision.
84. Some of the other offices seem to have a low opinion of us.
85. The dentist is not sufficiently sensitive to the different needs of each staff member.
86. Some office members are not adapting to the needs of the office, despite efforts to help them.
87. If an office member gets into difficulties, he/she usually is left to cope with them by himself/herself.
88. There are cliques and political maneuvering in the office.
89. Nothing we do could be described as excellent.
90. Our objectives have not been related to the goals of the whole profession.
91. Decisions made at meetings are not properly recorded or activated.
92. Office members could collaborate much more if they examined the possibilities of doing so on a person-by-person basis.
93. Little time is spent on reviewing what the office does, how it works, and how to improve it.

94. A person who questions the established practices of the office probably will be smartly put back in place.
95. Only a few members suggest new ideas.
96. We do not get to know people working in other offices.
97. I do not know if our office is represented at other levels of the profession.
98. Some office members need considerable development to do their work effectively.
99. Office members are committed to individual goals at the expense of the office.
100. Disagreements between office members are seldom worked through thoroughly, and individual viewpoints are not fully heard.
101. We often fail to finish things satisfactorily.
102. We do not work within clear strategic guidelines.
103. Our meetings do not properly resolve all the issues that should be dealt with.
104. We do not examine how the team spends its time and energy.
105. We make resolutions but basically do not learn from our mistakes.
106. Individuals are not encouraged to go outside the office to widen their personal knowledge and skills.
107. Creative ideas often are not followed through to definite action.
108. If we worked better with other offices, it would help us all to be more effective.

TEAM REVIEW ANSWER SHEET

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII

TOTALS

Team Review Questionnaire Results: Dr. A

	Office Personnel						Mean	Variables
I	0	2	2	0	0	1	.5	Innapropriate Leadership
II	0	3	5	0	1	2	2.0	Unqualified Membership
III	0	2	4	1	0	3	2.0	Insufficient Group Commitment
IV	2	4	6	2	1	6	3.5	Unconstructive Climate
V	1	2	3	0	0	2	1.0	Low Achievement Orientation
VI	0	1	0	0	0	1	.5	Undeveloped Professional Role
VII	5	4	2	1	0	5	2.0	Ineffective Work Methods
VIII	2	5	6	2	0	4	3.0	Inadequate Team Organization
IX	2	6	8	4	3	4	4.5	Soft Critiquing
X	2	2	4	3	3	4	3.0	Stunted Individual Development
XI	0	2	1	2	0	4	1.0	Lack of Creative Capacity
XII	0	1	1	1	0	1	.5	Negative Inter-professional Relations

Team Review Questionnaire Results: Dr.L

	Office Personnel						Mean	Variables
I	0	1	1	1	1		1.0	Innapropriate Leadership
II	1	1	3	0	0		1.0	Unqualified Membership
III	0	1	0	0	0		0	Insufficient Group Commitment
IV	0	1	6	6	4		3.5	Unconstructive Climate
V	0	1	0	1	1		.5	Low Achievement Orientation
VI	0	1	0	0	0		0	Undeveloped Professional Role
VII	1	0	5	7	7		4.0	Ineffective Work Methods
VIII	1	1	4	1	1		1.5	Inadequate Team Organization
IX	0	3	2	2	2		2.0	Soft Critiquing
X	0	1	1	3	1		1.0	Stunted Individual Development
XI	0	0	0	0	0		0	Lack of Creative Capacity
XII	0	1	0	0	0		0	Negative Inter-professional Relations

Team Review Questionnaire Results: Dr.S

	Office Personnel						Mean	Variables
I	3	1	2	5	1	3	2.5	Innapropriate Leadership
II	4	2	6	5	5	3	4.0	Unqualified Membership
III	0	0	3	6	2	0	2.0	Insufficient Group Commitment
IV	1	0	8	9	2	1	3.5	Unconstructive Climate
V	0	0	0	3	0	1	.5	Low Achievement Orientation
VI	1	0	0	1	0	2	.5	Undeveloped Professional Role
VII	4	0	3	4	1	0	2.0	Ineffective Work Methods
VIII	0	1	4	7	0	2	2.0	Inadequate Team Organization
IX	4	1	4	9	1	2	3.5	Soft Critiquing
X	1	0	2	3	2	1	1.5	Stunted Individual Development
XI	0	0	1	6	0	0	1.0	Lack of Creative Capacity
XII	3	2	2	3	0	1	2.0	Negative Inter-professional Relations

Team Review Questionnaire Results: Dr. Y

	Office Personnel						Mean	Variables
I	2	2	0	0	1		1.0	Innapropriate Leadership
II	3	0	2	0	1		1.0	Unqualified Membership
III	0	0	0	0	0		0	Insufficient Group Commitment
IV	2	1	3	1	2		2.0	Unconstructive Climate
V	0	0	0	0	1		.5	Low Achievement Orientation
VI	0	1	0	0	1		.5	Undeveloped Professional Role
VII	4	1	1	0	5		2.0	Ineffective Work Methods
VIII	3	0	0	2	5		2.0	Inadequate Team Organization
IX	4	0	3	3	4		3.0	Soft Critiquing
X	2	0	0	1	3		1.0	Stunted Individual Development
XI	1	0	1	0	0		.5	Lack of Creative Capacity
XII	1	1	0	0	1		.5	Negative Inter-professional Relations

APPENDIX B
INTERVIEW GUIDE
AND WRITE-UPS

INTERVIEW GUIDE

1. What is the standard operating procedure for dealing with patients?
 - a. What do you say to each other about patients?
2. How are the rules and procedures regarding your work established?
By whom?
3. Are you clear on how you fit in with the rest of the team? How do you?
4. What are the procedures for hiring personnel?
 - a. Do the procedures provide the quality of people the office requires?
 - b. Would you change the procedures? If so, how?
5. How high would you rate the performance of this office? (from 1 to 10)
 - a. What factors led to this conclusion?
6. Do you trust the expertise and reliability of the dentist and staff?
Why?
7. Would you be willing to work after hours or part of the weekend if the dentist asked you to? PROBE: Motivation
8. How are staff rewards determined?
9. What sort of conflicts have arisen in the office?
 - a. How were they managed?

10. Have there been times when events outside the office affected your work? How did the dentist and staff respond?
11. If for some reason you had to quit; how would your replacement be trained?
 - a. Is this procedure adequate?
 - b. How would you change it?
12. How is performance evaluated? (Formal and informal methods)
 - a. Are you satisfied with the procedure?
13. Are office personnel developed to their full potential professionally? Why or why not?
14. When office related issues arise do individuals freely express their concerns or suggestions?
15. Do individuals express creative or unique ideas?
16. How do you view the quality of office meetings?
17. Are you satisfied with the communication in this office?
 - a. Are there any taboo topics?
18. Does this office communicate with other offices? Is there a need to do so?
19. What are the best things about this office?
20. What are the worst things about this office?
21. Is there anything else that you would like to tell me?

Summary of Communications in
Dr. A's Office

The following is a description of Dr. A's dental office. The information was gathered from Dr. A and his staff via a written questionnaire and personal interviews.

Dr. A has been in private practice for approximately fifteen years. During that time the office has grown so that it now employs a staff of five: the receptionist, three chairside assistants, and a hygienist. With six people in the office there are bound to be similar as well as differing perceptions of how the office functions. This report will attempt to acknowledge and discuss all perspectives.

When a new patient calls the office, Mary, the receptionist, finds out what they need and makes an appointment to take care of it. When the patient arrives, he is greeted and asked to fill out a brief information form. New patients are initially channeled through the hygiene department, except in emergency cases. The office used to start new patients with an exam by the dentist, but it was soon learned that people expected a cleaning. Furthermore, some of them perceived the exam as "nothing being done", and resented it. It, therefore, was decided to send new patients to Linda, the hygienist, prior to the exam.

Linda greets the patient in the waiting room, introduces herself, and takes him back to the operatory. She cleans the teeth, takes radiographs, and gives an exam. Once completed she spends some time talking with the patient about his oral health and what is needed to improve it. Dr. A. comes in after this, re-examines the teeth and

reiterates what Linda has said. If the patient's mouth is healthy, the discussion is short and he is asked to come back regularly. If his mouth needs work, Dr. A. spends time to develop rapport and discuss what the patient needs. Dr. A. explains that he is open to discussing procedures and fees, but that this is normally covered by Linda and Mary.

In procedures covered by the dentist, one of the chairside assistants, Mary, Diane, or Sharon introduces herself and brings the patient back. The chairside assistant spends time talking with the patient and developing rapport. The chairside assistants differ enough in personality that at least one of them can easily interact with almost any patient. The duties of the chairside assistants are not confined to assisting. Mary, for instance, oversees parts of the back area, while Diane does fillings, temporaries, and some lab work.

The type and amount of information passed among the dentist and staff regarding patients varies, but includes such things as oral health, health attitudes and education, moods, (fear and anxiety, mainly) unusual personality characteristics, and personal tid-bits of information that would help in starting a conversation (number of grandchildren, recent trip to Tahiti, etc.)

In the office there are a few basic rules regarding salaries, hours, vacations, etc; but the consensus is that everyone has a lot of control over their areas. Dr. A. delegates authority and depends on the self-sufficiency of the staff. He is the ultimate authority, however, staff make many of their own judgments and decisions. Some of the staff even report being their own boss. This situation according

to everyone interviewed makes the potential for professional growth unlimited, depending only on the initiative of the individual.

It is reported that everyone gives suggestions regarding the office, with some members being more vocal than others. Individuals suggest new ideas and it is agreed that it is a creative office.

On a scale of one to ten, the overall performance of the office was rated from a 7.5 to 10. Some reported that there is always room to learn more, and that some members of the office take more initiative to educate themselves than others. Another concern is that patient relations sometimes get pushed aside in a rush situation. But for the most part the descriptions of office performance were very positive. The dentistry is excellent, due to the technical abilities of both the staff and doctor. The staff covers for each other and works well together, especially in a crunch. Dr. A. is a good boss; consistent, pleasant, and easy to work with. The staff varies in terms of personalities and strengths; allowing for a multitude of viewpoints and skills. And finally, all of the staff members are highly motivated to the success of the office, and share in its philosophy. This leads to the high trust placed in the expertise and reliability of the dentist and staff.

There exists a standard procedure for hiring new personnel, but it is flexible, changing somewhat with circumstances. The first step is to place a newspaper ad (this was not done for the two most recent employees) that is personable, interesting, and intended to attract self-motivating people. The word is also put out throughout the dental community that someone is being sought. When the applicant comes to the office, she fills out an application and is screened by

the receptionist. Those who pass this test are interviewed by Dr. A. The staff has had the opportunity to meet with applicants, but there is some difference of opinion whether this will continue. Dr. A. makes the final decision with staff input. The procedure is viewed as generally adequate for providing the quality of people the office needs. The problem cited exists with interviewing in general; that some people do it better than others regardless of their actual skills or personality.

The training of new employees has varied depending on the individual and the circumstances. For some it has been more structured than with others. For everyone, however, the process is flexible. New employees are expected to already know a lot about the technical aspects of their position, as well as be self-motivating people. New staff are usually trained by someone familiar with the area; showed where things are, told the office philosophy and so on. They are then put to work, and given feedback by Dr. A. and the staff. They are not given a lot of direction, but are mainly expected to learn on their own. The advantages of this procedure are that individuals are forced to be self-motivators, creating their unique place within the office. The staff people that have been around the longest report that they would be difficult to replace due to the individualized positions they have created in the office. The duties they take care of could be managed by someone else, but it would be difficult to replace their unique attitudes, strengths and skills that also add to the position. The procedure's disadvantage is that it often produces stress for both the new employee and those responsible for training her. The question of where to turn for direction can be troubling.

Aside from the actual training procedure, two related suggestions arise. The first was to make up formal job descriptions, while the other was to do more cross training. Job descriptions may be difficult due to the flexible dimensions of each position. Cross training on the other hand would be quite manageable, depending on the motivation of the staff to do it.

In some respects the office is close, and in others not. The staff works well together, is flexible, and supports each other when things are rushed. In the event that someone is dealing with personal problems, the staff is kind and supportive; especially when the person verbalizes her feelings and needs. In other respects the team is conflicting and split. Given the make-up of the office this situation is somewhat inevitable. The office consciously seeks out outstanding people with a variety of personalities. Furthermore, staff members are given a lot of responsibility and encouraged to make a unique contribution to the office. Differences of opinion and expectations are predictable in this situation. The conflict does not seem to be the result of anyone's inadequacy, but is instead a natural result of the outstanding environment created. The consensus is that everyone is warm and supportive as well as highly committed to the office, however, differing expectations regarding the meaning of "commitment" and "superior performance" get in the way of understanding and developing a cohesive team.

The team has attempted to openly manage this situation, but the results have been painful and frustrating. As a result it is ignored. Some members of the staff report that time is making it better, while

others have said that the continuous smoldering creates an uneasy climate for both staff and patients. Any action taken, if any, is up to the team; the results of which will affect the way the office communicates and works together.

Other conflicts that have arisen are generally taken care of by the parties involved, alone or with Dr. A. mediating.

The perception of the quality of office meetings range from priceless to not-so-good. It is agreed that they are needed and that the office runs more smoothly when they are held. They are good for discussing problems, patients, and procedures, and are best when everyone participates and comes prepared.

Job Performance is evaluated by Dr. A. twice yearly, and at the three month point for new employees. He fills out a form and it is discussed privately in his office. Informal feedback is given as well, both individually and in office meetings. He is encouraging giving a lot of positive and supportive feedback. His negative feedback is reportedly subtle, almost too subtle. Also, due to the independence of office staff, he doesn't always have the information to adequately evaluate. Regardless, most of the staff believe the procedure is effective and adequate.

Job benefits are based on performance and time employed. The pay is excellent, at least 10% above the community average scale. Furthermore, a uniform allowance is provided, along with health insurance, a free dental care for staff and families, excluding lab costs. There is a profit sharing plan for those employed beyond a stated period of time. Dr. A also takes the staff to seminars and

courses.

The office maintains a certain level of contact with other offices in the community. All agree that it is important for maintaining a professional bond, learning new techniques and procedures, and coordinating treatment and passing information regarding referral patients.

In conclusion the best things about the office are as follows: the team concept and attempts to generate it through office meetings, a variety of personnel, etc.; the technical excellence of both the dentist and staff; and their attitude toward patients. The office is sincere, has charisma, and treats people with dignity. Furthermore, it is a progressive office due to Dr. A.'s philosophy, fairness, and understanding; as well as the freedom, control, and responsibility of the staff. There is no limit to growth in this office. The positive aspects far outweigh the negative ones, however, some do exist. They include: people taking feedback too personally, the friction; and the time that the office falls behind schedule. All in all, the positive aspects far outweigh the negatives.

Summary of the Communication in
Dr. L's Office

The following is a description of Dr. L's dental office. The information was gathered from D. L and his staff via a written questionnaire and personal interviews.

Dr. L. has been in private practice for about four years. During that time the office had grown in patient load and staff. A computer even entered the scene about six months ago. With five people in the office there are bound to be similar as well as differing perceptions of how the office runs. This report will attempt to acknowledge and discuss all perspectives.

When a new patient enters the office he is greeted by the person at the front desk (generally Susie, Dixie, or Robbi) and is given an information/medical history form to fill out. A staff member (generally Becky or Dixie, the Expanded Functions') goes over the form with the patient to insure that all details are taken care of. The new patient is also given a copy of the financial policy and the front desk person answers any questions. If the patient is in on a non-emergency basis, his first stop is with Robbi, the hygienist for an exam. If it is an emergency, Dr. L. usually deals with it. During the hygienist's exam, Dr. L. may come by to introduce himself to the new patient or examine any acute problems. The primary responsibility for the exam however is left up to the hygienist. Everyone who enters the practice is encouraged to have a panoramic x-ray taken. Patients are induced by only being charged the base cost of the x-ray. Once patients enter the practice for more

extensive work, they are taken care of by Dr. L. and either Dixie or Becky.

Everyone agrees that staff have a lot of control over their particular areas. Dr. L. operates under the philosophy that the staff should work with and not for him. Comments from the staff illustrate that he actively follows through with this attitude. Both chairside assistants have Expanded Function degrees which allow them to perform many duties traditionally reserved for dentists. (filling teeth, etc.) Dr. L. supports the use of expanded function personnel by employing them in his office, allowing them to do what they are trained to do, and being on the faculty at the local community college that trains them. Most of the decision making power is delegated, with staff responsible for developing and changing most procedures, or experimenting with new approaches. It is agreed that the atmosphere exists to develop to one's full potential professionally.

Most of the staff feel free to offer suggestions regarding office procedures, especially when it relates to their particular area. The consensus is that creative and innovative ideas get expressed with a fair hearing.

The performance of the office was rated very high due to the high technical ability of the staff. The expertise and reliability are unquestionably high. Other factors that lead to the high ratings are: the warmth and caring extended to patients; the relaxed and unsterile atmosphere; and the shared responsibility. Factors that brought the rating down were: lack of attention to housekeeping; the handling of the front desk at busy times; and the occasional

need for more communication.

Due to the complete lack of staff turnover, and Dr. L.'s connection with Pikes Peak Community College, the office has no formal hiring procedure. Dr. L. has and will continue to use his contacts with PPCC to hire expanded function personnel. By doing so he can screen the technical ability and personality of prospective employees before hiring. Receptionists and hygienists do not come from this program, however no one will be hired for these positions unless there is first-hand knowledge of the applicants skills and personality. Furthermore, no new employee will be hired until she has been screened and approved by the entire staff.

Due to the lack of turnover, there has not been the need to formalize the training procedure. It is agreed however that certain steps in training do occur. Due to the selection practices, only highly qualified people are hired. Once "on board", the new recruit (except the hygienist) is trained by the person in that area. A new expanded Function for instance is trained by the other one; a new receptionist by the departing one, or someone familiar with the area. The hygienist is the exception due to her education; however she is showed routine office procedures by Dr. L. and the staff. Dr. L. is involved in the training process by demonstrating procedures and giving continual feedback on the staff member's performance. The responsibilities and freedom of the new staff person are initially narrow, but expand as proficiency is demonstrated. Although the hiring and training procedures are not formalized, everyone agrees that they are adequate and supply highly qualified personnel.

The motivation in the office is extremely high. Everyone reports being highly motivated due to the atmosphere and energy of the office.

The staff is close and friendly with everyone feeling like they have a definite place in the team. The consensus is that in case of a personal crisis, the staff would not hesitate to support by being caring and offering assistance.

Conflicts are managed differently depending on their nature. Work or technically related conflicts are managed quickly and easily; people do not hesitate to approach each other in order to deal with them. Personal conflicts on the other hand are generally avoided. There is a concern that feelings are going to be hurt, or people will not be supported if these are expressed. This situation may or may not need attending to, but does stand out in an atmosphere as positive and open as this one.

The communication in the office is considered pretty good, with important information regarding patients usually being sent to the appropriate people. Staff pass information regarding patients health, emotional state (i.e. if he is afraid of dentists), mood, and anything else that would be considered valuable for improving care. Suggestions and ideas are also freely expressed.

Office meetings have been informal, taking place over lunch. A formal meeting is planned to discuss the Vail conference that everyone attended. The consensus of the staff is that more formal office meetings are needed. A regular meeting with an agenda would be helpful for sharing important information, new ideas, improvements, and clearing the air. The informal meetings are nice, but a more

formalized process seems to be necessary.

The evaluation process is fairly informal with Dr. L giving continual feedback regarding staff performance. It is reported that he often strokes individuals for good performance. His criticism is generally tactful, even humorous, and he takes an educative approach to giving feedback. For the most part, staff are satisfied with the procedure, appreciating the continual feedback.

The compliments staff receive privately and in front of others are the primary incentives offered. Staff receive a commission on procedures as an added benefit. The lack of stress, and paid membership dues to professional organizations are other incentives.

Everyone agrees that the office maintains contact with other dental offices in the community. This is important for a variety of reasons. There is a need to pass and receive information regarding patients referred to specialists. Information regarding their progress is necessary, therefore communication lines are kept open. Keeping channels open to offices that refer patients to them is important for the same reasons. There also are things that can be learned from other offices: procedures, techniques, and so on. Dr. L. also deems it important to maintain contact with service groups and professional organizations throughout the community in order to build a referral base.

In summary, the best things about the office are: the co-working relationship between Dr. L. and the staff; the relaxed atmosphere; the full usage of the Expanded Functions; the fuzzies from Dr. L.; and the high level of treatment. The weaknesses are few; but include the lack of formal meetings, and the managing of personal conflicts.

Summary of the Communication in
Dr. S's Office

The following is a description of Dr. S's dental office. The information was gathered from Dr. S. and his staff via a written questionnaire and personal interviews.

Dr. S. has been in private practice for approximately fifteen years. During that time the office has grown so that it now employs a staff of five: the receptionist, three chairside assistants, and the hygienist. With six people in the office there are bound to be similar as well as differing perceptions of how the office functions. This report will attempt to acknowledge and discuss all perspectives.

When a new patient enters the office, he is greeted by the person at the front desk, usually Jane, the receptionist, and asked to fill out a short information form. One of the chairside assistants, Becky, Marlene, or Bonnie is introduced to the patient by Jane, and she escorts him to the operatory for the "new patient introduction". The assistant spends time developing rapport and getting the patient's medical history. This is redone annually. When Dr. S. enters, he is introduced and spends some time talking with the patient. He always compliments the person who referred the patient and explains the office philosophy. He asks the patient questions about any oral problems he may have been having, and elicits information regarding his dental background, education, and attitudes. Dr. S. does a brief exam, and the patient is sent to Jane, the hygienist. Jane is introduced and she spends time getting to know the patient. She may do the medical history if the chairside had not had the time

to do it. She cleans the teeth, takes radiographs, and explains what the patient needs in terms of dental procedures or maintenance. She also recommends that the patient use a perio-aid.

Communication among office members regarding patients covers a variety of areas. The receptionist writes whether the patient is extroverted or introverted as well as the referral source. Dental problems patients are having, as well as moods (anxiety, fear, hostility), or personalities are also discussed. Particular questions a patient has will be relayed as well as hints on how to handle him -- joke, be serious, quiet, etc.

Many of the procedures used in the office have been handed down for a number of years, however, the office is flexible in making changes or adaptations. Most procedural changes are now made by the team, or the individual whose area it falls in. The consensus is that more and more decision making power is being delegated to the team, with Dr. S. having ultimate authority. Some staff members report that Dr. S. occasionally confuses them by turning over decision making power, then taking it back. For the most part, however, the team reports that the latitude and opportunity exists for staff to develop to their full potential professionally.

There is some difference of opinion of how much staff suggests in the way of office related recommendations. Some staff members express themselves freely, while others are more passive. The trend of the office is to be more open, but some members tend to hold back both because they are naturally passive and they may perceive Dr. S. as somewhat intimidating. The consensus is that the office is creative and open to unique suggestions or ideas.

On a scale of one to ten, the overall performance rating of the office falls between an eight and ten. The most cited reason for this score is the skill and standards of Dr. S., and the fact that he demands the same from the staff and other support people (lab, etc.). The commitment to high quality dentistry by the dentist is matched by the staff. The motivation to the success of the practice by the staff is high. The interest in the welfare of the patients is another reason for the performance rating. The team is personable, concerned about patients, and the level of patient satisfaction is high, (according to feedback and the questionnaire sent out to patients). Furthermore, the office is making the effort to improve the quality of interaction among the staff in order to better relationships and communication. Dr. S. also watches the staff and assists in their development.

It was reported that there always exists room for improvement; two suggestions being to decrease the patient waiting time, and to make a greater effort to sell dentistry. Overall the performance is high and accounts for the trust placed in the dentist and staff regarding their expertise and reliability.

The hiring process begins when an ad is placed, with instructions to send resumes or basic information to a post office box. Phone calls were taken until nine months ago, when the number of calls regarding a position overwhelmed the front desk. The receptionist calls each applicant and briefly screens them over the phone. When applicants come to the office, they fill out an application and take a skills/reasoning/perception test. Applicants are then screened by the

receptionist or head chairside. They talk with Dr. S., giving their recommendations. He then reads the applications and decides who to interview. He talks with the applicant and she is taken to lunch by the staff. As a group they discuss the candidates and make the final selection.

This procedure generally provides the quality of personnel required, with problems occurring when the time is not spent to find the most qualified individual. There is also some concern over using a test in the screening process; that it may eliminate qualified candidates who suffer from test anxiety. A suggestion is that former employers be called for more information regarding the applicant's skills and personality.

The training process covers several steps. New employees read the job description and observe for a day or more in the company of someone familiar with the area. For a hygienist it may be a few hours in order to learn where everything is, systems, charts, and so on. The new employee starts with basic procedures and is coached by the person supervising her. As she demonstrates greater proficiency, she is allowed to have greater responsibility. The training procedure is for the most part adequate.

The team views itself as generally supportive, cooperative, and nice. Everyone reports that they could rely on the support of the dentist and staff in the event of a personal difficulty. When conflicts arise, they are generally due to misunderstandings, insensitive remarks, frustration with someone's lack of knowledge, or an unwillingness on someone's part to own their part of the conflict.

They are managed differently depending on the individuals. There is a trend to discuss them openly; one to one, alone or with Dr. S. mediating, or in office meetings. Furthermore, "I messages" are encouraged in expressing each side. Some members of the office are comfortable with this while others prefer to avoid discussing any conflicts they may be having. This is mainly a reflection of personal style.

When asked about the quality of communication in the office, most people were not completely satisfied. Areas of potential improvement include: time pressures inhibiting staff/dentist communication and feedback; the need to share more information regarding patients, procedures, and each other; and the communication between front and back. (The buzzer is inadequate when it is noisy.)

The perceived quality of office meetings ranged from average to very good. All agreed that the "round robin" agenda setting is effective; that participation and interest has increased as a result of it. The best office meetings occur when everyone is present; everyone participates openly and calmly; and that they are recorded and summarized. Given the busy nature of the office, the meetings seem necessary to discuss issues and re-establish contact.

The performance evaluation is done both formally and informally. New employees are formally evaluated three months after they start, six months later, then annually. Feedback is also given one to one and in office meetings. Dr. S.'s negative feedback is both constructive and tactful, however, some staff report that they would like more positive feedback as well.

Benefits are based on time employed and performance. Employees are financially rewarded through raises, profit sharing, and a Christmas bonus. There is a uniform allowance as well as a paid vacation. Staff members are taken to courses, and Dr. S. is understanding regarding time off needs. He also is willing to delegate responsibility based on a staff member's performance level.

Communication with other offices is important for passing information and coordinating treatment with referral patients. There also is some learning to be gained due to the communication.

In conclusion, the best things about the office are: Dr. S.'s level of skill, and his willingness to educate himself and the staff through courses and seminars. Dr. S.'s fairness and honesty is another point. The staff is another positive aspect, both in their abilities and the support they give one another. And finally the concern shown toward patients and the rapport established by both the dentist and staff. The negative aspects include the layout of the office, the stress created by performance demands, the lack of positive feedback, and the high turnover given the quality of the office. All in all, the level of the office is very high.

Summary of the Communication in
Dr. Y's Office

The following is a description of Dr. Y's dental office. The information was gathered from Dr. Y and his staff via a written questionnaire and personal interviews.

Dr. Y. has been in private practice for approximately ten years. During that time the office has grown so that it now employs a staff of four: the receptionist, two chairside assistants (one of whom doubles as a bookkeeper), and a hygienist. With five people in the office there are bound to be similar as well as differing perceptions of how the office functions. This report will attempt to acknowledge and discuss all perspectives.

When a new patient enters the office, he is greeted warmly by Linda B., the receptionist, and asked how he can be helped. He is asked to sit and fill out an information/medical history form. If the patient is there for a routine cleaning, he is seen by Laura, the hygienist. She will initially converse and develop a rapport with the patient before asking if he has been having any problems. She will do the cleaning, take radiographs, and make recommendations regarding dental care. When Dr. Y. enters the operatory after the cleaning, he introduces himself and talks with the patient. He checks the patient and reiterates the same health care information as Laura.

If the patient is in for an emergency, exam, or other procedures, he will be brought into the operatory by one of the chairside assistants. Linda L. or Kathie. They spend some time before Dr. Y.

enters talking with the patient, learning what may be wrong, getting a sense of his emotional state, and socializing. Dr. Y. and the staff want to create a relaxed, warm, and friendly atmosphere for patients, therefore, they take the time to talk and get to know them.

The staff will relay information about patients, particularly if it is something unusual. This may include health problems, allergies, extreme moods (fear and anxiety mostly), or unusual personalities. The information is passed so that the next person can be prepared to deal with the patient effectively.

The consensus in the office is that staff have a lot of control over their particular areas. The job descriptions are vague, allowing for maximum flexibility. Dr. Y. expects good performance, and the staff are free to work within that parameter. When a staff member is new, she is given minimum responsibility; however, as she demonstrates competence, she is free to expand her functions. It is agreed that an environment exists in the office where personnel can develop to their full potential, professionally.

Office related suggestions are given fairly often, especially between the staff. Everyone agrees however that people could take more initiative in giving feedback or relaying suggestions; especially to Dr. Y. The consensus also is that unique and new ideas are periodically brought up and that it is a creative team.

The performance of the office was rated an eight or nine on a scale of ten by everyone interviewed. It was agreed that no office deserves a perfect ten, and that this one could stand to be more organized at times. Periodically things get rushed and confused

with information getting overlooked or patients being handled abruptly. However, most of the descriptions were very positive. The dentist and staff are highly competent technically, and give excellent preventative care to the patients. They work well as a team, filling in for each other when necessary. The office members like each other and get along well. This provides for an atmosphere that is warm, pleasant, and friendly. They consider themselves "easy-going", creating a fun and personable climate. The motivation of most everyone in the office is very high, and there is an equally high degree of trust placed on the expertise and reliability of the dentist and staff.

The hiring procedure begins when an advertisement is placed in the paper. Dr. Y. will also call contacts throughout the city, such as other dentists, receptionists, or friends that may know of someone who is looking for a job. Candidates are initially asked to fill out an interview form, and screened by a staff member (usually the receptionist) to determine whether they are generally acceptable. They are then interviewed by Dr. Y and he makes the final selection. The system is generally effective; mostly failing when qualified people are not available. It was recommended that staff be more involved in the hiring process; that they be instructed in interviewing, and given the opportunity to give input on who they could best work with.

New staff are assisted by everyone, but receive most of their training from Dr. Y. and the person most familiar with the area. Since hygienists have a different educational background, they are expected to know the technical aspects, and only shown where things are, told the expectations, and so on. New staff are put to work and are given

continual feedback almost immediately, and are allowed to learn by doing. The procedure is adequate for adapting personnel to their specific area, however there is a perceived need for more cross-training. This would improve staff member's ability to work together, cover each other, and understand the vocabulary outside their specific realm. Cross-training and filling in for each other is being done, however, the belief exists that there could be even more.

The staff is friendly and close. It was agreed that if someone had personal problems outside the office, everyone would be supportive and sensitive to that individual. Most everyone feels a part of staff and that they fit in.

Conflicts among the staff regarding technical issues (work related) are confronted and managed quickly. Those of a more personal nature are generally avoided. It is agreed that conflicts are infrequent; and instead of potentially hurting someone's feelings or rocking the boat, it is best to not say anything.

The communication in the office is generally good. Important information is sent and received in a timely manner, except when people get rushed. It is then that messages are forgotten or information not written down. Except for these times, everyone reports that it is good.

The consensus regarding office meetings is that some are better than others. The unsuccessful ones are disorganized with no one being clear on why they are there or taking the initiative to say anything. Some meetings have become social hours, with no business being accomplished whatsoever. It may have been that at these times

people were feeling separated and had the need to reconnect. The meetings where the most was accomplished was when people came prepared and took initiative. There is some disagreement on the need for an agenda. Some feel it would organize meetings while others think it would over-formalize them. This should probably be discussed. There also is a need to record what is said and agreed upon so that decisions are understood the same way by everyone and followed through.

Performance is evaluated sporadically and informally. It is done on-the-spot by Dr. Y. in private. Negative feedback is given in a tasteful manner in order to facilitate learning. Positive feedback is given frequently in order to boost esteem and motivation.

Rewards are based on individual and team performance, coming in several forms. There are employee bonuses, life insurance and free dental care for staff and their families. Spontaneous things are also done throughout the year such as lunches, TGIF get togethers, and so on.

Communication with other offices is frequent and viewed as necessary. The office refers out for periodontics, endodontics and oral surgery. It is important to keep up-to-date on the patient's progress and coordinate treatment. There also is a need for offices to spend time together to develop camaraderie. They boost each other's energy and learn from one another, with good things that people do becoming common practice. There is no question that the staff enjoys this contact and would like to do more, especially within the building.

In summary, the best things about the office are: the technical ability of the staff and how well they get along. Dr. Y's abilities,

sensitivity, and the responsibilities he gives the staff. The personal, warm, and cheerful atmosphere in the office, and the fact that patients like it. Job benefits are another strong point; and finally, the quality of dentistry is high.

The weak points of the office are few, but include: the occasional lack of organization, especially when Dr. Y. does not do his paperwork, and pressures created by a busy schedule, financial concerns, and so on. All in all, the atmosphere of the office seems positive, with strong points for surpassing the weaknesses.

Pilot Study
Summary of the Communication in
Dr. H's Office

The following is a description of Dr. H's dental office. The information was derived from Dr. H. and his staff via a written questionnaire and personal interviews.

For nearly two months the office has undergone dramatic change as Dr. H. has split from Dr. N. brought in an associate, and instituted a new office philosophy and procedures. These changes are being met with varying degrees of enthusiasm and confusion by the team. As a result the perceptions of how the office is running vary. There is a great deal of agreement on particular points, and this report will attempt to describe both agreeing and differing perceptions.

Everyone agrees that staff have a lot of control over their particular areas. They are responsible for most of the procedures and for implementing the systems in their areas. Some members of the team feel that Dr. H. sometimes gives responsibility then takes it away. Another feels that he has not the time to get adequately involved and therefore is not aware of all that is going on within particular areas.

The consensus is that the technical ability of the team is excellent. Everyone is perceived as being very competent within their particular area. The weakness most discussed is the lack of knowledge that people have of other areas. According to one person, "Everyone does their own thing." Cross training is seen as needed to correct this situation. It would improve the overall functioning of the team

and the expertise of each staff member.

The training of new personnel (except for hygienist) is done by the old staff person during her final one or two weeks. This procedure is seen as adequate to teaching the technical procedures and systems. Suggested improvements are: write a booklet describing each position and its duties in detail; make sure the cooperation of the departing staff member is enlisted before turning her loose with the plebe; and cross train so that any member of the team can help the new person if necessary. (especially once the old person has left.)

The interview process is as follows: 1) a very detailed ad is placed describing the position, the type of person required, and the type of office. 2) interviewees are screened by JoAnn G. She does the major interview. 3) the best applicants are sent to Dr. H. and he makes the final selection. In the future a staff member will screen the potential applicant over lunch. Most of the team feels that the procedure is adequate for providing the quality of people needed, however it was suggested that Dr. H. take a greater role by asking more questions of the applicant while interviewing her.

The motivation of the team and its commitment to the office varies according to each staff member. One team member reports that the staff has reached a low ebb of motivation. Part of the team feels highly motivated, while others question whether the new direction of the office will meet their needs. Others question their commitment to the dental profession and see their futures leading in other directions. The levels of commitment are understandably variable due to flux of the office. It is worth noting that everyone has

high regard for the staff, Dr. H., and the office itself. The varying levels of commitment do not stem from a dislike of the office, but from its incompatibility with particular needs.

Everyone agrees that the staff is one of the best parts of the office. It is generally agreed that the communication is good. (Office meetings and evaluations are helping it) There also is a consensus that the staff is warm and supportive; and would not hesitate to help in the event of a personal crisis. It is agreed that conflicts do arise and that it is the responsibility of the two individuals to work it out among themselves. Supervisors can be approached but only after one to one attempts have failed.

Some staff members are clear about their role within the team while others are not. The office changes have created confusion and doubt for some, while the unclear responsibility to different doctors is an issue for others.

As was previously stated, the office meetings and new systems are viewed as vehicles to improve communication within the office. The meetings are relatively new; therefore seen as, "fair to good and getting better." An agenda will improve the organization, and greater staff involvement will boost the quality of information being discussed. Some members of the team talk freely while others are more passive about raising issues. The more passive individuals are not intimidated into silence by Dr. H.; (He listens to feedback according to interview results) but instead do not view their issues as important enough to bring up, or are afraid to criticize and hurt feelings. Time is seen as the solution to improving the meeting's organization and loosening inhibitions.

The evaluation process up to this point has been fairly informal with Dr. H. giving on-the-spot feedback regarding performance. A formal procedure is being started but the final form is not yet available.

The most dramatic difference of opinion is related to the issue of interoffice relations. When asked about the importance of communicating with other offices, every staff member (except one and she did not know) said that it was very important; that it results in new ideas and referrals for crown and bridge work. Dr. H. on the other hand said that the patients are his referral base and that communication with other offices is not important at all. Only communicating with specialists he refers to is important. So which is it gang?

In summary the staff, Dr. H. and office performance were rated very high. The best things about the office consistently included: the staff, Dr. H., the responsibility given to staff members, and patient care. The negative aspects of the office were mostly due to the upheaval: lack of direction, too fast of pace, not enough time to show enough warmth. The attitude toward the office and its direction is generally optimistic, with everyone interested to find out what will happen in the next several months.

On the next page is a three item questionnaire that I would like you to fill out. You can keep this summary and I'll be by to pick up your answers. Forgive me for any typos; I'm not the world's best typist. Thanks a lot for helping me out. I'm gonna be famous some day thanks to you!